

Case Number:	CM14-0115638		
Date Assigned:	08/04/2014	Date of Injury:	06/26/1997
Decision Date:	10/01/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine has a subspecialty in Pulmonary Diseases and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old male who reported injury on 06/26/1997 due to stepping off a curb and catching his left heel on the curb and twisting his left ankle. The injured worker has diagnoses of left ankle pain, left ankle sprain, low back pain, lumbar degenerative disc disease, lumbar radiculitis, thoracic pain, myofascial pain, and chronic pain syndrome. Past medical treatment consists of physical therapy, chiropractic therapy, air cast, crutches, acupuncture, aquatic therapy, medication therapy, and use of a TENS unit and an H-wave unit. It was reported that there were no current medications at this time. The injured worker stated that an EMG was done in 2010. On 07/15/2014, the injured worker complained of mid back pain, low back pain and left ankle pain. Physical examination of the thoracic and lumbar spine revealed that there was tenderness in the paraspinal muscle starting around the T6 all the way down to the L5-S1, right more than left. The injured worker had full range of motion, but noted slightly increased pain with flexion and extension. The sacroiliac joints were tender on the left. Patrick's sign and Gaenslen's maneuver were positive on the left. Sciatic notches were pain free to palpation. Motor strength revealed a 5/5 in the lower extremities. Sensation was intact and equal in the lower extremities. Deep tendon reflexes were 2+ and symmetric of the lower extremities. There was no clonus or increased tone. Straight leg raise was positive on the left and negative on the right. There was full range of motion. Babinski's sign was negative bilaterally. It was reported that there were no current medications at this time. The treatment plan is for the injured worker to continue using orthotics. The injured worker would like to continue avoiding the use of medications and try additional sessions of acupuncture. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Repair of work boots: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Footwear, knee arthritis

Decision rationale: The Official Disability Guidelines recommend the use of custom orthotics as an option for patients with knee osteoarthritis. The guidelines recommend thin soled flat walking shoes. The guidelines recommend lateral wedged insoles in mild osteoarthritis but not advanced stages of osteoarthritis. Specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes. This study compared the effects of a specialized shoe designed to lower dynamic loads at the knee. Lateral wedged insoles can reduce knee adduction moments in patients with early to mild osteoarthritis, but not in patients with moderate to severe osteoarthritis, and these insoles were ineffective in patients with the most advanced stage of osteoarthritis. Considering their immediate positive influence on the knee adduction moment and clinical utility, lateral wedged insoles should be considered as a potentially useful intervention for patients with early osteoarthritis. Given the above, the injured worker is not within the ODG recommended guidelines. The submitted reports did not indicate the injured worker is being diagnosed with osteoarthritis. Furthermore, the submitted report dated 07/16/2014 did not indicate any functional deficits to the injured worker's knee, ankle or foot. As such, the request for repair of work boots is not medically necessary.

1 Pair of Extra Depth Shoes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Footwear, knee arthritis

Decision rationale: The Official Disability Guidelines recommend the use of custom orthotics as an option for patients with knee osteoarthritis. The guidelines recommend thin soled flat walking shoes. The guidelines recommend lateral wedged insoles in mild osteoarthritis but not advanced stages of osteoarthritis. Specialized footwear can effectively reduce joint loads in subjects with knee osteoarthritis, compared with self-chosen shoes and control walking shoes. This study compared the effects of a specialized shoe designed to lower dynamic loads at the knee. Lateral wedged insoles can reduce knee adduction moments in patients with early to mild osteoarthritis, but not in patients with moderate to severe osteoarthritis, and these insoles were ineffective in patients with the most advanced stage of osteoarthritis. Considering their

immediate positive influence on the knee adduction moment and clinical utility, lateral wedged insoles should be considered as a potentially useful intervention for patients with early osteoarthritis. Given the above, the injured worker is not within the ODG recommended guidelines. The submitted reports did not indicate the injured worker is being diagnosed with osteoarthritis. Furthermore, the submitted report dated 07/16/2014 did not indicate any functional deficits to the injured worker's knee, ankle or foot. As such, the request for 1 pair of extra depth shoes is not medically necessary.

Custom Molded Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: ACOEM/California MTUS Guidelines recommend custom orthotics for acute Injuries, immobilization and weight bearing as tolerated. It is recommended taping or bracing later to avoid exacerbation or for prevention or for acute swelling, rest and elevation. They are also recommended for appropriate diagnoses of rigid orthotics, metatarsal bars, heel donut, and toe separator. They are not recommended for prolonged support or bracing without exercise (due to risk of debilitation). Given the above, the injured worker is not within the ACOEM/California MTUS recommended guidelines. The submitted documentation indicated that the injury is well over 17 years old. The guidelines recommend custom orthotics for short-term use. As such, the request for custom molded orthotics is not medically necessary.